

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

101085982

7825200-001

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		58	
FOR	101085982	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	58	minus 20 =	38
INDEPENDENT CLAIMS	28	minus 3 =	25
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	684
X42=		OR X84=	2100
+140=		OR +280=	
TOTAL		OR TOTAL	3521

## CLAIMS AS AMENDED - PART II

8/15/02

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	* 14	Minus	** 58	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			*** 28	=

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

8/20/03

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	* 5	Minus	** 28	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

8/11/04

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	* 5	Minus	** 28	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT FEE		OR TOTAL ADDIT FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For IN THIS SPACE" is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For IN THIS SPACE" is less than 3, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE" is the highest number found in the appropriate box in column 1.

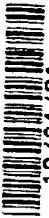
## HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

10/24/01

03-01-02  
JCPA'S  
**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
(Only for new nonprovisional applications under  
37 C.F.R. 1.53(b))

Attorney Docket No. 2825.2019-001  
First Named Inventor or Application Identifier Nir Hacohen  
Express Mail Label No. EJ628403584US

JCPA'S PTO-1005-002



10/24/01

PTO Title of Invention Response of Dendritic Cells to a Diverse Set of Pathogens

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO:
1. <input type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>		Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
2. <input checked="" type="checkbox"/> Specification <b>[Total Pages 45]</b> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Summary of the Invention</li> <li>- Brief Description of the Drawings</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		6. <input type="checkbox"/> Microfiche Computer Program ( <i>Appendix</i> )  7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)  <small>[ ] Pages</small></li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>
		<b>ACCOMPANYING APPLICATION PARTS</b>
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <b>[Total Sheets 602]</b> <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/>		8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee -  Whitehead Institute for Biomedical Research, Cambridge, MA
4. <input type="checkbox"/> Oath or Declaration/POA <b>[Total Pages 1 1 1]</b> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d))</li> </ul>		9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
5. <input type="checkbox"/> Incorporation By Reference ( <i>useable if Box 4b is checked</i> ) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>		10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
		12. <input type="checkbox"/> Preliminary Amendment  13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>
		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired  15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
		16. <input type="checkbox"/> Nonpublication Request ( <i>check parent application</i> )
		17. <input type="checkbox"/> Other: _____

## 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: Group Art Unit:

## 19. CORRESPONDENCE ADDRESS

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